FORM N-12

## N-12 Individual Income Tax Return RESIDENT or PART-YEAR RESIDENT

Calendar Year 1996

| or other                               | tax yea   | ar beginning, 1996 and ending   | , 19 AMD   | UNP                         | 800                             | PNT IN              | Γ          |    |
|--|-----------|---|--|-----------------------------|---------------------------------|---------------------|------------|----|
| 出                                      | Name      | (If joint return, give first names and initials of both)  | Last Name  |                             | You                             | r social security   | / numb     | er |
| USE STATE LABEL<br>ERWISE PRINT OR TYP |           |   |  |                             |                                 |                     |            |    |
| USE STATE LABEL<br>ERWISE PRINT OR 1   | C/O       |   |  |                             | Spouse's social security number |                     |            |    |
| <u> </u>                               |           |   | Special Control of the Control of th |                             |                                 |                     |            |    |
| ATE<br>PR                              | Prese     | nt mailing or home address (Number and street, including apartment number or r                                | Your occupation  |                             |                                 |                     |            |    |
| ST.                                    | 1 1030    | The maining of Home address (Number and street, including apartment number of t                               |  | rour occupation             |                                 |                     |            |    |
| S S                                    | Oit.      |   |  |                             |                                 | 2                   | 4!         |    |
| )<br>OTHE                              | City, i   | own or post office, State and ZIP code  |  |                             | •                               | Spouse's occup      | Jalion     |    |
| 0                                      |           |   |  |                             |                                 |                     |            |    |
|  |           | ELECTION Do you want \$2 to go to the Hawaii Election Campa   | aign Fund?   | ⁄es                         | No                              | Note: Ch not increa |            |    |
| CAN                                    | /IPAI     | GN FUND   | e fund?  | ⁄es                         | No                              | reduce yo           |            |    |
|  | 1         | Single  |  |                             |                                 |                     |            |    |
| n o                                    | 2         | Married filing joint return (even if only one had income).  |  |                             |                                 |                     |            |    |
| 울                                      | 3         | Married filing separate return. Enter spouse's social security no.  |  |                             |                                 |                     |            |    |
| ₽₽                                     | 4         | Head of household (with qualifying person). If the qualifying person  |  |                             |                                 |                     |            |    |
| – <sub>S</sub>                         |           | dependent, enter this child's name here.  |  |                             |                                 |                     |            |    |
|  | 5         | Qualifying widow(er) with dependent child (Year spouse died 19  | •).  |                             |                                 |                     |            |    |
|  | Caut      | ion: If you can be claimed as a dependent on another person's   | tox roturn (quah aa yaur n   | aronto')                    |                                 |                     |            |    |
|  | Caul      | do not check box 6a, but be sure to check the box below lin   | Enter no   | umber of                    | <b>A</b> [                      |                     |            |    |
|  | 6a        | Yourself Age 65 or over   |  |                             | boxes o                         |                     | 7          |    |
|  | 6b        | Spouse   Age 65 or over   |  |                             | on <b>6a</b> a                  | ınd <b>6b</b>       | L          |    |
|  | OD        |   |  |                             | Enter nu                        | umher               |            |    |
| <u>S</u>                               | •         | Dependents: If more than 4 2. Check   |  | 5. No. of months            |                                 | children _          | <b>A</b> [ |    |
| EXEMPTIONS                             | 6c<br>and | dependents, use if under 3. If age 1 or older, d  1. First and last name attachment. age 1. social security n |  | lived in your home in 1996. | listed                          | 60                  | ; <b>P</b> |    |
| F                                      | 6d        | additional and local december 1   | union  | 1101110 111 1000.           | <b>-</b> .                      |                     | -          |    |
| ⊞                                      |           |   |  |                             | Enter no<br>of othe             |                     | [          |    |
| ×                                      |           |   |  |                             | depend                          | 60                  | i 🕨        |    |
|  |           |   |  |                             | · '                             |                     | ′ _        |    |
| L 7-                                   |           |   |  |                             | Add nur<br>entered              |                     | . [        |    |
| _                                      | 6e        | Total number of exemptions claimed  |  |                             | boxes a                         | •                   | e 🕨        |    |
|  | Caut      | ion: If you are NOT a Part-Year Resident and are filing a federal   | return, vou should use i   | orm N-11.                   |                                 |                     |            |    |
| 5                                      |           | Wages, salaries, tips, etc. (Attach Form(s) W-2)  | 7●   |                             |                                 | 00                  |            |    |
|  |           | Interest income from the worksheet on page 23 of the Instructions   |  |                             | $\neg$                          | 00                  |            |    |
| 9                                      | 0         | . •   |  |                             | $\dashv$                        | 00                  |            |    |
| -                                      | 40        | Dividends from the worksheet on page 23 of the Instructions   |  |                             | $\dashv$                        | 00                  |            |    |
| 3                                      |           | State income tax refund from the worksheet on page 23 of the Instruction                                      |  |                             | $\dashv$                        |                     |            |    |
|  | 11        | Alimony received: Enter name and address of payer   | 11   |                             | _                               | 00                  |            |    |
| 2                                      | 12        | Business or farm: main business activity/product  | G.E. I.D. No.  | G.E. I.D. No.               |                                 |                     |            |    |
| -                                      | 12a       | Gross receipts from business or farm  | )  |                             |                                 |                     |            |    |
| INCOME                                 | 12b       | Net income or (loss) after subtracting expenses from business or farm   |  |                             | 12b●                            |                     |            | 00 |
| INCO                                   | 13        | Capital gain or (loss) from worksheet on page 23 of Instructions  | 13●  |                             |                                 | 00                  |            |    |
|  | 14a       | Total IRA distributions 14a 00 ,14b Ta  | 14b  |                             |                                 | 00                  |            |    |
|  | 15a       | Total pensions and annuities 15a 00 ,15b Ta   | xable amount (see page 28 of the   | Instructions)               | 15b●                            |                     |            | 00 |
| 7                                      | 16a       | Rents received. G.E. I.D. No  | 16a  | 00                          |                                 |                     |            |    |
| ONDER                                  | 16b       | Net rental income or (loss) after subtracting expenses  | <del></del>  |                             | 16b●                            |                     | l          | 00 |
|  | 17        | Unemployment compensation (insurance).  |  |                             |                                 |                     | $\neg$     | 00 |
| MONE                                   | 12        | Other income (state nature and source)  |  |                             |                                 |                     | $\neg$     | 00 |
| <b>≥</b>                               | 19        | Add amounts in far right column for lines 7 through 18  |  |                             |                                 |                     |            | 00 |
| 5                                      |           |   |  | 00                          |                                 |                     |            |    |
| <                                      |           |   |  | 00                          |                                 |                     |            |    |
| Į δ                                    | 21        | Moving expenses   |  |                             | _                               |                     |            |    |
| ENT                                    | 22        | Deductions for self-employment tax  |  | 00                          | _                               |                     |            |    |
| 5  8                                   | 23        | Self-employed health insurance deduction  |  | 00                          | _                               |                     |            |    |
| ADJUSTM<br>TO INCO                     | 24        | Keogh retirement plan and self-employed SEP deduction   | 24   | 00                          | _                               |                     |            |    |
| 1 <u>5</u> 2                           | 25        | Interest penalty on early withdrawal of savings   | 25   | 00                          |                                 |                     |            |    |
| ₫ '                                    | 26        | Alimony paidEnter name and social security number of recipient  | 26   | 00                          | )                               |                     |            |    |
|  | 27        | Payments to an individual housing account   | 27●  | 00                          | )                               |                     |            |    |
|  | 28        | First \$1,750 of military reserve or Hawaii national guard duty pay   | 28●  | 00                          | )                               |                     |            |    |
|  | 29        | Add lines 20c through 28  | •  | ustments >                  | - 29●                           |                     |            | 00 |
| AGI                                    |           | Line 19 minus line 29   |  |                             |                                 |                     | $\neg$     | 00 |

|   |  |   |  | ` '  | ,  | rson's return, check h   |  |   | 31                                     |                    |                  | 00             |
|---|--|---|--|--|--|--|--|---|--|--------------------|------------------|----------------|
|   | CAC  |   |  | on page 31.  | ndent on another pe  | ison s return, check i   |  | and see the   |  |                    |                  |                |
|   | 32   | If you do n   | not itamiza v  | vour deductions a  | to line 33 helow   |  |  |   |  |                    |                  |                |
|   | 32   | If you do not itemize your deductions, go to line 33 below. Otherwise go to page 31 of the Instructions and enter your itemized deductions here.  |  |  |  |  |  |   |  |                    |                  |                |
|   | 32a  |   |  |  | sheet A-1)   |  | 32a●   | 00  |  |                    |                  |                |
|   | 32b  |   |  |  |  |  | 32b●   | 00  | -                                      |                    |                  |                |
|   | 32c  | ,   |  |  |  | 32c●   | 00   | -   |  |                    |                  |                |
| _   |  |   |  |  |  |  | 32d●   |   | -                                      |                    |                  |                |
| TAX COMPUTATION                               | 32d  |   |  |  |  |  |  | 00  | -                                      |                    |                  |                |
| AT.   | 32e  | -   |  |  |  |  | 32e●<br>32f●   | 00  | -                                      |                    |                  |                |
| 5   | 32f  |   |  | `  | et A-6)  |  |  | 00  |  |                    |                  |                |
| ME  | 33   | Enter ¬   | Ite  |  |  | \$100,000 (\$50,000 for materials of the state | _  |   |  | l                  |                  |                |
| ပ္ပ   |  | the see the worksheet on page 24 of the Instructions. If not, add lines 32a through 32f. <b>OR</b> larger Standard Deduction shown below for your filing status.  |  |  |  |  |  | <b>S</b>  | 33●                                    | l                  |                  |                |
| ΑX  |  | of Single — \$1,500 Head of household — \$1,650   |  |  |  |  |  |   |  | <b> </b>           |                  | 00             |
| Н   |  | •   | your: Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950   |  |  |  |  |   | 34●                                    | l                  |                  |                |
|   | 34   |   | ne 31 minus line 33. (This line MUST be filled in)   |  |  |  |  |   |  | <u> </u>           |                  | 00             |
|   | 35   |   | tiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are  |  |  |  |  |   |  |                    |                  |                |
|   |  |   |  |  | k applicable box(es) ● ☐ Yourself ● ☐ Spouse, and see page 32  |  |  |   |  | l                  |                  |                |
|   |  |   |  |  |  |  |  |   | 35●                                    |                    |                  | 00             |
|   | 36   |   |  |  |  | ro)  |  |   | 36●                                    |                    |                  | 00             |
|   | 37   |   |  |  |  | I; ☐ Form N-615; or I  | Capital  | Gains Tax Work-   |  | l                  |                  |                |
|   |  |   | -  |  |  | for alternative tax  |  |   |  | l                  |                  |                |
|   |  |   |  |  |  | -312, N-405, N-586, o  | r N-814)   | Tax >   | 37●                                    | Ь                  |                  | 00             |
| Щ   | 38   | Income tax pa   | aid to another s   | state or to a foreign coun   | try (from Worksheet on pag   | ge 22 of the Instructions)   | 38   | 00  |  |                    |                  |                |
| ABI   | 39   | Energy Co   | nservation 7   | Tax Credit (attach Fo  | orm N-157)   |  | 39●  | 00  |  |                    |                  |                |
| Ę   | 40   | Enterprise  | Zone Tax C   | Credit (attach Form N  | N-756)   |  | 40●  | 00  |  |                    |                  |                |
| 品品  | 41   | Low-Incom   | ne Housing <sup>-</sup>  | Tax Credit (attach F   | orm N-586)   |  | 41   | 00  |  |                    |                  |                |
| 띪   | 42   | Credit for E  | Employment   | t of Vocational Reha   | abilitation Referrals (a   | ttach Form N-884)  | 42●  | 00  |  |                    |                  |                |
| NONREFUNDABLE<br>CREDITS                      | 43   | Add lines 3   | 38 through   | 42   |  | Tot  | al Non-Re  | fundable Credits >  | 43●                                    |                    |                  | 00             |
| Z   | 44   | Line 37 mi  | inus line 43   | (but not less than   | zero)  |  |  | Balance >   | 44                                     |                    |                  | 00             |
|   |  |   |  |  |  |  |  | _   |  |                    |                  |                |
| S   | 45   | Hawaii Sta  | ite Income ta  | ax withheld and tax  | withheld on IHA distrib  | oution   | 45●  | 00  |  |                    |                  |                |
|   | 46   | 1996 estim  | nated tax pa   | yments   |  |  | 46●  | 00  |  |                    |                  |                |
| CRE   | 4-7  |   |  |  |  |  |  |   |  |                    |                  |                |
| 0   | 47   | Amount of   | estimated ta   | ax applied from 199  | 5 return   |  | 47●  | 00  | _                                      |                    |                  |                |
| BLEC  | 47<br>48   |   |  |  | 5 return   |  | 47 <b>●</b> 48 <b>●</b>  | 00  |  |                    |                  |                |
| DABLE C                                       |  | Amount pa   | aid with exte  |  |  |  |  |   |  |                    |                  |                |
| FUNDABLE CREDITS                              | 48   | Amount pa   | aid with exte  | nsion(s)<br>ch Schedule X)   |  |  |  |   |  |                    |                  |                |
|   | 48   | Amount pa<br>Food Tax 0<br>DHS, etc. 6  | aid with exte<br>Credit (attac<br>exemptions   | nsion(s)<br>ch Schedule X)   |  |  | 48●  | 00  |  |                    |                  |                |
|   | 48<br>49   | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for L   | aid with exte<br>Credit (attac<br>exemptions<br>Low-Income   | nsion(s)h<br>Schedule X)  Household Renters  |  |  | 48•<br>49•   | 00  |  |                    |                  |                |
|   | 48<br>49<br>50   | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for L<br>Credit for C  | aid with exte<br>Credit (attac<br>exemptions<br>Low-Income<br>Child and De   | nsion(s)h Schedule X)  Household Renters ependent Care Expe  | s (attach Schedule X).   | e X)   | 48•<br>49•<br>50•  | 00<br>00<br>00  |  |                    |                  |                |
|   | 48<br>49<br>50<br>51   | Amount pa<br>Food Tax (<br>DHS, etc. e<br>Credit for L<br>Credit for C<br>Medical Se  | aid with exte<br>Credit (attac<br>exemptions<br>Low-Income<br>Child and De<br>ervices Excis  | nsion(s)h Schedule X)  The schedule X in         | s (attach Schedule X).<br>enses (attach Schedul<br>h Schedule X)   | e X)   | 48 • 49 • 50 • 51 • •  | 00<br>00<br>00<br>00  |  |                    |                  |                |
|   | 48<br>49<br>50<br>51<br>52   | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C  | aid with exte<br>Credit (attac<br>exemptions<br>Low-Income<br>Child and De<br>ervices Excis<br>Child Passer  | nsion(s)   | s (attach Schedule X).<br>enses (attach Schedul<br>h Schedule X)h  | e X)   | 48 • 49 • 50 • 51 • 52 • 52 •  | 00<br>00<br>00<br>00<br>00  |  |                    |                  |                |
|   | 48<br>49<br>50<br>51<br>52<br>53   | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Goo   | aid with extermination with a company of the compan | nsion(s)   | s (attach Schedule X).<br>enses (attach Schedul<br>h Schedule X)<br>em(s) (attach a copy of the<br>form N-312)   | e X)   | 48 • 49 • 50 • 51 • 52 • 53 •  | 00<br>00<br>00<br>00  |  |                    |                  |                |
| TAX PAYMENTS AND REFUNDABLE C                 | 48<br>49<br>50<br>51<br>52<br>53<br>54   | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Goo<br>Fuel Tax C   | aid with extermination with a construction of the construction of  | nsion(s)   | s (attach Schedule X).<br>enses (attach Schedul<br>h Schedule X)<br>em(s) (attach a copy of the<br>form N-312)   | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 •   | 00<br>00<br>00<br>00<br>00  |  |                    |                  |                |
|   | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55   | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit  | aid with extermination with a construction of the construction of  | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X)em(s) (attach a copy of the form N-312) ttach Form N-163)   | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • 6   | 00<br>00<br>00<br>00<br>00<br>00<br>00  |  |                    |                  | 00             |
|   | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56   | Amount par<br>Food Tax (CDHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4   | aid with extermination with a competitions and the competition of the  | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X)em(s) (attach a copy of the form N-312) ttach Form N-163)   | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • ordal Paym  | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>ents and Credits  |  |                    |                  | 00             |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57                                     | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Go<br>Fuel Tax C<br>Other credit<br>Add lines 4   | aid with exterment of the control of | nsion(s)   | s (attach Schedule X)enses (attach Schedule X)em(s) (attach a copy of the form N-312)ttach Form N-163)of Instructions)amount OVERPAID  | e X) invoice)  | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • otal Paym   | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>ents and Credits  | 57 <sup>©</sup><br>58 <sup>©</sup>     |                    |                  |                |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57                                     | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Go<br>Fuel Tax C<br>Other credi<br>Add lines 4  | aid with exterment (attace exemptions cow-Income Child and Deervices Excise Child Passer ods Excise Credit for Colits (attach list 45 through Income 18 larger than Income 18 la | nsion(s)   | enses (attach Schedule X). enses (attach Schedule X) em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions)  | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • cotal Paym  | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>ents and Credits  | 57 <sup>©</sup><br>58 <sup>©</sup>     |                    |                  | 00             |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58                               | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Go<br>Fuel Tax C<br>Other credi<br>Add lines 4<br>If line 57 is<br>Amount of  | aid with exterment (attace exemptions cow-Income Child and Descrices Excise Child Passer ods Excise Credit for Colits (attach list 45 through s larger than I line 58 to be line 58 to be  | nsion(s)   | enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) amount OVERPAID OYOU   | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • otal Paym   | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>enents and Credits  | 57 <sup>©</sup><br>58 <sup>©</sup>     |                    |                  | 00             |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60                   | Amount pa<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Go<br>Fuel Tax C<br>Other credi<br>Add lines 4<br>If line 57 is<br>Amount of<br>If line 44 is late  | aid with exterment of the control of | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID O YOU 17 YOU OWE (line 44 min  | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • Total Paym  | 00 00 00 00 00 00 00 00 ents and Credits  | 57 <sup>©</sup><br>58 <sup>©</sup>     |                    |                  | 00             |
|   | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60                   | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is late<br>to "Hawaii St  | aid with exterment of the control of | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU 1997 ESTIMATED TAX T YOU OWE (line 44 min) I security number and *19  | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • Total Paym  or money order are filling you  | 00 00 00 00 00 00 00 00 enents and Credits  Refund 00 or for full amount payable ur return late,            | 57°<br>58°<br>59°                      |                    |                  | 00             |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60                   | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is lat<br>to "Hawaii St<br>see page 34  | aid with exterment of the last | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID YOU DYOU DYOU TYOU OWE (line 44 min l security number and "19  | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • ordal Paym  or money order are filling you  | 00 00 00 00 00 00 00 00 enents and Credits  Refund 00 or for full amount payable ur return late,            | 57°<br>58°<br>59°                      |                    |                  | 00             |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61             | Amount par<br>Food Tax (C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is late<br>to "Hawaii St<br>see page 34<br>Estimated tax                              | aid with exterment of the Instruction of the Instructions of the Instruction of the Instr | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID YOU 97 ESTIMATED TAX T YOU OWE (line 44 min   security number and "19  | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • cotal Paym  or money order are filing you   | 00 00 00 00 00 00 00 00 00 nents and CreditsRefund 00 er for full amount payable ur return late,Balance Due | 57°<br>58°<br>59°                      | nere to            |                  | 00             |
| TAX PAYMENTS AND REF                          | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61             | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Se<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is late<br>to "Hawaii St<br>see page 34<br>Estimated tax                               | aid with exterment of the Instruction of the Instru | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID YOU 97 ESTIMATED TAX T YOU OWE (line 44 min I security number and "19 Iso include this amount in lines mailed to you next  | e X)   | 48   | 00 00 00 00 00 00 00 00 00 00 nents and Credits 00 er for full amount payable ur return late,               | 57°<br>58°<br>59°                      | nere to            |                  | 00             |
| REFUND OR AMOUNT TAX PAYMENTS AND REF YOU OWE | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61             | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is lat<br>to "Hawaii St<br>see page 34<br>Estimated tax<br>If you don'<br>receive a p | aid with extermination with extermination with extermination of the control of the list of the control of the list | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU DYOU OWE (line 44 min a security number and "19 liso include this amount in line in s mailed to you next  | e X)   | 48   | 00 00 00 00 00 00 00 00 00 00 nents and Credits 00 er for full amount payable ur return late,Balance Due    | 57•<br>58•<br>59•                      |                    | a and halist in  | 00             |
| REFUND OR AMOUNT TAX PAYMENTS AND REF YOU OWE | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61             | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is lat<br>to "Hawaii St<br>see page 34<br>Estimated tax<br>If you don'<br>receive a p | aid with extermination with extermination with extermination of the control of the list of the control of the list | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU DYOU OWE (line 44 min a security number and "19 liso include this amount in line in s mailed to you next  | e X)   | 48   | 00 00 00 00 00 00 00 00 00 00 nents and Credits 00 er for full amount payable ur return late,Balance Due    | 57•<br>58•<br>59•                      |                    | e and belief, is | 00             |
| REFUND OR AMOUNT TAX PAYMENTS AND REF YOU OWE | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61             | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is lat<br>to "Hawaii St<br>see page 34<br>Estimated tax<br>If you don'<br>receive a p | aid with extermination with extermination with extermination of the control of the list of the control of the list | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU DYOU OWE (line 44 min a security number and "19 liso include this amount in line in s mailed to you next  | e X)   | 48   | 00 00 00 00 00 00 00 00 00 00 nents and Credits 00 er for full amount payable ur return late,Balance Due    | 57•<br>58•<br>59•                      |                    | e and belief, is | 00             |
| REFUND OR AMOUNT TAX PAYMENTS AND REF YOU OWE | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61             | Amount par<br>Food Tax C<br>DHS, etc. 6<br>Credit for C<br>Medical Sec<br>Credit for C<br>Capital Goo<br>Fuel Tax C<br>Other credit<br>Add lines 4<br>If line 57 is<br>Amount of<br>Amount of<br>If line 44 is lat<br>to "Hawaii St<br>see page 34<br>Estimated tax<br>If you don'<br>receive a p | aid with exterment of the last according to  | nsion(s)   | s (attach Schedule X). enses (attach Schedule X). enses (attach Schedule X). em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU DYOU OWE (line 44 min a security number and "19 liso include this amount in line in s mailed to you next  | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • otal Paym  60 • or money order are filing you are filing you are parer will shall be | 00 00 00 00 00 00 00 00 00 00 nents and Credits 00 er for full amount payable ur return late,Balance Due    | 57• 58• 59• 61•  61•                   | / knowledge        | e and belief, is | 00<br>00<br>00 |
| REFUND OR AMOUNT TAX PAYMENTS AND REF YOU OWE | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61<br>62<br>63 | Amount par Food Tax C DHS, etc. 6 Credit for C Credit for C Capital Go Fuel Tax C Other credit Add lines 2 If line 57 is Amount of Amount of If line 44 is lat to "Hawaii St see page 34 Estimated tax If you don' receive a page of the penalties complete return, Your signatu                  | aid with extermination with extermination with extermination of the Instruction of the In | nsion(s)   | enses (attach Schedule X). enses (attach Schedule X) em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU 097 ESTIMATED TAX T YOU OWE (line 44 min a security number and "19 min securi | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • otal Paym  60 • or money order are filing you are filing you are parer will shall be | 00 00 00 00 00 00 00 00 00 00 nents and Credits 00 er for full amount payable ur return late,               | 58 • 59 • 61 • 61 • H must side        | / knowledge<br>gn) | Da<br>Check if   | 00<br>00<br>00 |
| REFUND OR AMOUNT TAX PAYMENTS AND REF YOU OWE | 48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60<br>61<br>62<br>63 | Amount par Food Tax C DHS, etc. 6 Credit for C Credit for C Capital Go Fuel Tax C Other credit Add lines 2 If line 57 is Amount of Amount of If line 44 is lat to "Hawaii St see page 34 Estimated tax If you don' receive a page of the penalties complete return, Your signatu                  | aid with extermination with extermination with extermination of the control of the Instruction of the Instru | nsion(s)   | enses (attach Schedule X). enses (attach Schedule X) em(s) (attach a copy of the form N-312) ttach Form N-163) of Instructions) amount OVERPAID OYOU 097 ESTIMATED TAX T YOU OWE (line 44 min a security number and "19 min securi | e X)   | 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 • otal Paym  60 • or money order are filing you are filing you are parer will shall be | oo  | 57° 58° 59° 61° H must signal security | / knowledge<br>gn) | Da               | 00<br>00<br>00 |
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